

**APPLICATION FOR A VEHICLE WINDOW STICKER FOR FREE PASSAGE
ON DESIGNATED TOLL FACILITIES FOR CERTAIN HANDICAPPED
PERSONS PER SECTION §33.1-252 OF THE CODE OF VIRGINIA**

Part A – To be completed by the person seeking the certificate.

Name _____

Address _____

City _____ State _____ Zip _____

Information on vehicle on which sticker is to be placed:

Make _____ Model _____

Year _____ License _____

Vehicle ID# _____

I certify:

1. That the vehicle described above is specially equipped to permit its operation by a handicapped person and,
2. That I hold a valid driver's license issued by _____
(state or District of Columbia.)

Date Signature

Part B – To be completed by the applicant's physician or Officer of the Adjudication Office of the United States Veterans Administration. Please be sure to use your complete professional title or rank when signing this form whichever is appropriate.

In your professional opinion, do you feel that the applicant is severely physically disabled ***and*** has ***permanent*** upper limb mobility or dexterity impairments which substantially impairs his / her ability to deposit coins into toll baskets?

Yes No

Please identify the condition that necessitates the use of the sticker on the applicant's vehicle.

Signature and Professional Title of Physician / Official

State of _____, County / City of _____

Date _____, 20____

Do not write below this line.

Sticker Number _____ issued on _____

by _____

Typed Name

Signature